



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001700781

2. Name of Corporation Redemption Riders Charity Club, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 250 RAND STREET APT 431

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

A CHARITY CLUB FOR FAMILIES IN NEED, FOCUSING PRIMARILY ON ABUSED AND NEGLECTED CHILDREN, CHILDREN WITH RARE DISEASES, VETERANS AND THE HOMELESS WE DO FOOD DRIVES TOY DRIVES CLOTHING DONATIONS CASH DONATIONS AND ESCORTING SERVICE FOR VETERANS AND RIDERS WHOM HAVE PASSED AWAY WE AIM TO ASSIST THOSE

LESS FORTUNATE INDIVIDUALS AND VARIOUS CHARITABLE CAUSES WE ARE WILLING TO PERFORM VARIOUS ACTS OF ASSISTANCE WITHOUT PERSONAL GAIN OTHER THAN THE SATISFACTION OF REALIZING FULFILLMENT OF CARE AND HELP BESTOWED UPON OTHERS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MICHAEL GODDARD SR	250 RAND STREET, #431 CENTRAL FALLS, RI 02863 USA
DIRECTOR	MICHAEL GODDARD SR	250 RAND STREET, #431 CENTRAL FALLS, RI 02863 USA
DIRECTOR	JOSHUA MARTINEZ	29 MIDDLE STREET CUMBERLAND, RI 02864 USA
DIRECTOR	MIGUEL MARTINEZ	29 MIDDLE STREET CUMBERLAND, RI 02864 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHAEL GODDARD SR 250 RAND STREET, #431 CENTRAL FALLS , RI 02863

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of June, 2021 at 2:29:15 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MICHAEL GODDARD
Signature of Authorized Person

Form No. 631
Revised 09/07